

## Arizona Department of Agriculture

## Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007 (602) 542-3578 FAX (602) 542-0466 www.azda.gov

## **Branch Office Registration Application**

(Please print clearly or type)

Fee Schedule

| ☐ Branch Office Registration: \$100.00 ☐ Remove Branch Office: No Fee Required        |                      | ☐ Branch Supervisor Registration: No Fee Required ☐ Remove Branch Supervisor: No Fee Required |                          |                      |
|---|----------------------|---|--------------------------|----------------------|
| _ 1.0   | •                    | anch Supervisor: \$50.00  | . vioeri ito i oo itoqui | .00                  |
| <b>Business Information:</b>  |                      |   |                          |                      |
| Business Name:  |                      |   | Business License #:      |                      |
| Branch Office Location:   |                      |   |                          |                      |
| Telephone:  |                      | Fax:  |                          |                      |
| Mailing Address:  |                      |   | State:                   | ZIP:                 |
| Physical Address:   |                      | City:   | State:                   | ZIP:                 |
| Chemical storage Address:   |                      | City:   | State:                   | ZIP:                 |
| Email:  |                      |   |                          |                      |
| Branch Supervisor:  |                      |   |                          |                      |
| BRANCH OFFICE CATEGORIES OF OPE   | RATION Pleas         | se designate appropriate cateo  | gory(s):                 |                      |
| ☐ Industrial & Institutional  | ☐ Ornamental & Turf  |   | □ Fumigation             |                      |
| ☐ Wood-Destroying Organism Treatmen   | □ Right-of-Way       |   | ☐ Wood Preservation      |                      |
| ☐ Wood-Destroying Insect Inspection   | □ Aquatic            |   |                          |                      |
| Branch Offices must conform to the standar Applicable fees must accompany this applic |                      | a Revised Statutes 32-2315  | and Arizona Administr    | rative Code R4-29-20 |
| By signing this application, I affirm that all information provided is true a         |                      | d and understand the in   | formation containe       | d herein and attes   |
| *Authorized Signature:  | uthorized Signature: |   | Date:                    |                      |
| (*Authorized Signature - Sole Proprietor, Man   | aging Partner/ m     | ember, or Corporate Officer of  | nly)                     |                      |